

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=62-026095**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **042** Primary Registration District No. **1000** Registrar's No. **845**

**FILED JUL 30 1962**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Champaign</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Joseph</b>		c. CITY OR TOWN <b>Urbana</b>	
Length of stay in lb <b>3 days</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri Methodist Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>R. R. #2</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>HIRAM FRANCIS CROSS</b>		4. DATE OF DEATH Month <b>July</b> Day <b>10</b> Year <b>1962</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/28/1914</b>
9. AGE (last birthday) <b>47</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Government</b>	
11. BIRTHPLACE (City and state or country) <b>Iroquois County, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Merle E. Cross</b>		13b. MOTHER'S MAIDEN NAME <b>Core J. Gilbreath</b>	
14. NAME OF HUSBAND OR WIFE <b>Bernice I.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Marjorie Baird, Villa Grove, Illinois</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)) PART I. IMMEDIATE CAUSE (a) <b>Laceration, Leg, Left, July 8, 1962</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>fracture, Rib, multiple, Left</b> DUE TO (c) <b>36 hr</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hr</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Car hit concrete bridge railing</b>	
20c. TIME OF DEATH <b>4:35</b>	Month, Day, Year <b>7-8-62</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>US Highway 36, 1/10th mile west of Jct 36 and T</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>Urbana</b>	COUNTY <b>Illinois</b> STATE	
21. I attended the deceased from <b>7-7-62</b> to <b>7-10-62</b> and last saw him alive on <b>7-10-62</b> Death occurred at <b>8:35 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>J.R. Forgrave M.D.</b>	
(Degree or title)		22b. ADDRESS <b>420 N 8th St Urbana Mo</b>	
22c. DATE SIGNED <b>7-20-62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	
23b. DATE <b>7/11/1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Urbana</b>	
23d. LOCATION (City, town, or county) <b>Illinois</b>		24. FUNERAL DIRECTOR <b>Wheaton-Bourman, St. Joseph, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>July 24, 1962</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
J.R. Forgrave M.D.

VS 300  
Rev. 4/59

15117  
28120  
3  
4 0  
5 2  
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7 1  
8 1  
9 X  
10  
11 511  
12 2-0  
13 1-0

VS JUL 30 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 So 10th St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.